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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Thailand
Support for a comprehensive population programme

Proposed UNFPA assistance: \$7 million, of which \$6 million would be programmed from UNFPA regular resources. The amount of \$500,000 has been provided by the Government of Australia through a multi-bilateral arrangement for the biennium 1992-1993. UNFPA would seek to provide the balance of \$500,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

Estimated value of the
Government's contribution: To be determined

Duration: Five years

Estimated starting date: January 1992

Executing agencies: Government of Thailand
United Nations and United Nations agencies and organizations
National and international non-governmental organizations (NGOs)

Government coordinating
agency: Department of Technical and Economic Cooperation

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THAILAND

Demographic facts

Population Total (000)		Population density (/sq. km.)	109
Total	55,702	Average annual change (000)	
Males	27,951	Population increase	781
Females	27,751	Births	1,155
Sex ratio (/100 females)	100.7	Deaths	375
Urban	12,609	Net migration	0
Rural	43,093	Annual population total (% growth)	1.35
Per cent urban	22.6	Urban	4.02
Population in year 2000 (000)	63,670	Rural	0.50
Functional age groups (%)		Crude birth rate (/1000)	20.0
Young child: 0-4	10.2	Crude death rate (/1000)	6.5
Child: 5-14	22.5	Net migration rate (/1000)	0.0
Youth: 15-24	21.8	Total fertility rate (/woman)	2.20
Elderly: 60+	6.2	Gross reproduction rate (/woman)	1.07
65+	3.9	Net reproduction rate (/woman)	1.00
Women: 15-49	27.0	Infant mortality rate (/1000)	24
Median age (years)	22.9	Life expectancy at birth (years)	
Dependency ratios: total	57.6	Males	65.1
(/100) Aged 0-14	51.4	Females	69.2
Aged 65+	6.2	Both sexes	67.1
Agricultural population density		GNP per capita	
(/hectare of arable land)	1.87	(U.S. dollars, 1989)	1,220

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$7 million, of which \$6 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Thailand in achieving its population and development objectives. The amount of \$500,000 has been provided by the Government of Australia through a multi-bilateral arrangement for the biennium 1992-1993. UNFPA would seek to provide the balance of \$500,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The proposed programme would be the sixth in a series of programmes, with UNFPA assistance amounting to \$28.2 million from 1971 to 1991, of which \$5.5 million was expended during the fifth country programme (1987-1991).

2. The proposed programme is based on: (a) the priorities identified in the Government's forthcoming Seventh Five-Year National Economic and Social Development Plan (1992-1996); (b) the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission that visited the country in May 1991; and (c) the outcome of meetings and consultations with the representatives of various government departments, both at central and provincial levels, non-governmental organizations (NGOs) and agencies of the United Nations system as well as with representatives of multi-bilateral donor agencies that are active in the population field in Thailand. The proposed programme is designed to coincide with the fifth programme cycle of the United Nations Development Programme (UNDP), a partner agency of the Joint Consultative Group on Policy (JCGP).

3. The main objective of the proposed programme is to continue to provide assistance to Thailand's population policy development process and its population programme. In relation to this overall goal, UNFPA assistance would contribute to the following objectives: (a) reduce the population growth rate from its current level of 1.4 per cent to 1.2 per cent by 1996; (b) improve national capacity to refine the country's population policy and to gain a better understanding of the changing Thai family and develop population plans accordingly; (c) assist the National Family Planning Programme (NFPP) in improving the outreach of services to adolescents, men, the poor and minority groups; (d) reorient information, education and communication (IEC) activities to inform people of available contraceptive methods and to raise their awareness and understanding of such issues as AIDS and environmental problems; (e) heighten women's role in development; (f) help to develop Thailand's potential to provide technical assistance to other developing countries in the field of population; and (g) raise public awareness of issues of population, development and the environment.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with nationally and internationally recognized human rights of individual freedom, justice and survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. According to United Nations estimates, the population of Thailand is approximately 56 million. The country's population growth rate has dropped markedly in the past three decades, falling from 3 per cent in the 1960s to 2.1 per cent in 1980 and 1.5 per cent in 1988. This has been accompanied by an equally

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rapid decline in fertility, which fell from 6 children per woman in the mid-1960s to 3.4 in the mid-1980s to an estimated 2.5 at present. Despite such declines in fertility, the population growth rate is expected to decline only slowly over the next two decades, as the proportion of women of reproductive age will continue to rise until 1995, before leveling off by the turn of the century and beginning to decline after the year 2000.

6. Although fertility has declined equally in urban and rural areas, there are still marked differences among the various regions of the country. For example, whereas the fertility rate in the north and central areas and in the Bangkok metropolitan area is close to or below replacement level, in the northeast and in the south it remains much higher at between 2.8 and 3.1 children per woman. There is also considerable regional variation in contraceptive prevalence rates (estimated by the Ministry of Public Health at 74 per cent nationally and 46 per cent in the south) and in maternal mortality rates (estimated at 40 per 100,000 live births nationally but ranging from 10 to 60 per 100,000 in different regions).

7. The period between 1960 and 1990 also witnessed a significant decrease in mortality, particularly infant mortality, which was roughly halved between the mid-1960s and 1980, and is currently estimated at 24 per 1,000 live births. Although further declines are expected, high levels of HIV infection may increase mortality rates in the future.

8. Thailand's urban population is growing at over 4 per cent a year, increasing from 24 per cent of the total population in 1975 to 29 per cent in 1988, according to the estimates of the National Economic and Social Development Board. (See the demographic data sheet on p. 2 for United Nations projections.) Over half of the country's urban dwellers live in the greater Bangkok metropolitan area, and in recent years, the second-tier cities (e.g., Korat, Hat Yai, Songkhla, Chiang Mai and Chon Buri) have been increasingly attracting rural migrants. Such growth, if continued, will exacerbate the country's environmental problems, for example, overcrowding, traffic congestion, air and water pollution, and place added strain on forest reserves and agricultural land.

9. Following a decade of consensus building in the 1960s, Thailand adopted an official population policy in 1970. The family planning programme has been the policy's main lever for reducing fertility, although it has been recognized that other factors such as education play a role in the process. The third development plan, 1972-1976, the first to express concern about the population problem, promoted family planning as a way of lowering rates of population growth, an emphasis that persisted in all subsequent plans. The fourth plan, emphasizing the need to limit the growth of Bangkok, encouraged the growth of other urban areas, again an emphasis that persisted in subsequent plans. The fifth plan, 1982-1986, stressed the importance of improving the quality of people's lives, and the sixth plan aimed at reducing the population growth rate to 1.3 per cent by 1991.

10. The population projections on which the seventh development plan is based indicate a slowing in annual population growth rates from 1.4 per cent in 1991 to 1.2 per cent in 1996-2001, 1.1 per cent in 2001-2006 and 1.0 per cent in 2006-2011. To achieve these goals, the NFPP has set the following targets by the end of the seventh plan period: (a) an increase in contraceptive prevalence to 77 per cent in all regions of Thailand; and (b) a reduction in the percentage of women who have their first child before age 20 from 15 per cent to 10 per cent. The seventh plan also aims to bring about a more equitable distribution of the benefits of socio-economic development by redressing imbalances in the distribution of population, particularly by stimulating the growth of certain geographical areas in order to stem the population movement into the major metropolis of Bangkok.

11. The Thai economy is one of the fastest growing in the world. It is also one of the steadiest, having sustained a high rate of growth for the last three decades: 7 per cent a year during the 1970s, 6 per cent a year

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during the early 1980s, and over 10 per cent a year during the late 1980s. Moreover, this high rate of growth, which is expected to continue for at least the next several years, has been accompanied by a rapid and fundamental shift away from agriculture to industry and services. While Thailand's achievements in the population field, especially in relation to the goals defined in the Amsterdam Declaration, have been impressive, the Government remains committed to improving the quality of life of the population. This will require, among other things, redressing regional imbalances in fertility and mortality rates, bringing about a better distribution of population within the country, and balancing the population growth rate with the proper use of national resources.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. At present, UNFPA is the only major international donor in the field of population active in Thailand. Although other agencies have supported family planning activities in the past, very little of such support is being provided at this time. UNFPA assistance to Thailand commenced in 1971 shortly after the launch of the Government's National Family Planning Programme in 1970. Cumulative assistance through 1991 has amounted to approximately \$28.2 million, with support to over 65 projects. The five country programmes that have spanned this period have been based on three basic needs assessments undertaken in 1978, 1981 and 1986. The current (fifth) country programme was approved by the Governing Council in 1987 for a five-year period in the amount of \$5.5 million. This programme, which was designed to complement the Government's Sixth Five-Year Social and Economic Development Plan and which was largely executed by the Government, emphasized extending the outreach of family planning services to meet the unmet needs of those in the south and the north and of adolescents.

13. Thailand's National Family Planning Programme, which contributed to a reduced population growth rate from 2.1 per cent in 1980 to 1.4 per cent in 1990, is recognized as one of the most successful programmes in the world. Under previous UNFPA assistance programmes, support was given to the training of medical and paramedical personnel in both clinical and communication skills to improve family planning service delivery. IEC materials for the formal and non-formal sector were developed, and research activities to improve the methodology of the delivery of family planning services were also supported. In general, UNFPA's support of the Government's population programme has contributed to the lowering of fertility rates from 3.4 children per woman in the mid-1980s to about 2.5 at present and helped to increase contraceptive prevalence to close to 75 per cent in 1991. However, there remain unmet family planning needs of various subsectors of the population, and meeting these needs is the focus of assistance during the proposed country programme cycle.

Maternal and child health and family planning

14. Maternal and child health and family planning (MCH/FP) has been a priority sector of the fifth country programme, accounting for some 44 per cent of allocations. In the south, the region with the country's lowest contraceptive prevalence rate, UNFPA has provided assistance in adapting the family planning programme to its predominantly Muslim culture by promoting the acceptance of birth spacing for MCH purposes and by providing birth-spacing services. Religious leaders, teachers, traditional birth attendants and village health communicators have figured prominently in activities that have emphasized birth spacing rather than fertility limitation. The results of these efforts in the south have been generally disappointing, however, with contraceptive use there increasing by only 10 per cent, from 35 per cent to 45 per cent (1990), well below the target of 55 per cent set by the Government's sixth plan.

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15. In the hilltribe areas of the north, UNFPA has been supporting since 1981 a pilot project to design and implement a model for delivering low-cost health care and family planning services. This programme has gradually expanded from one province in 1981 to five provinces in 1985 to 11 provinces in 1987. This innovative programme, which is being gradually and increasingly supported by government budget allocations, now reaches at least one fourth of the hilltribe population in a mountainous region posing enormous problems of accessibility.

Information, education and communication

16. In the more recent past, IEC efforts of the UNFPA programme in Thailand have tended to focus on family planning motivation in specific geographic areas in which contraceptive prevalence is low. UNFPA also provided assistance to the Ministry of Public Health to help increase knowledge of contraception and reproductive health among adolescents in the northeast. Activities included training for teachers and administrators and a particularly successful peer counselling programme. UNFPA also assisted a modest pilot activity in the Ministry of Agriculture aimed at integrating population education into agricultural extension services in Thailand. Although some materials have been tested under this activity, its impact for the time being has been somewhat limited owing to its small scope.

17. UNFPA assistance has contributed to the introduction of population education into the curricula and textbooks of primary and secondary schools, as well as to its incorporation as a course in a number of teachers' training colleges. However, although the Government identified population education as a priority under the sixth plan, little progress has been made in this area since the conclusion of a UNFPA-assisted project funded under the fourth country programme.

Data collection and analysis

18. UNFPA provided limited assistance to the National Statistical Office (NSO) to publicize activities relating to the 1990 census in order to strengthen understanding of the census in the wider community. In addition to decennial censuses, the NSO undertakes a large number of surveys (on such issues as the labour force, housing, migration and various socio-economic indicators) at regular intervals. However, the extensive data collected remain underanalysed, and there are problems with the vital registration system.

Population policy formulation

19. Population and development planning have featured prominently in the UNFPA fifth country programme. Two activities with the National Economic and Social Development Board have addressed this critical area. The first, concerned primarily with the development of analytical techniques based on an economic-demographic model, aims to study the impact of population trends on various aspects of development, and on this basis to formulate appropriate development plans and policies. The second study is intended to facilitate better integration of population variables into human resource planning.

20. Another UNFPA-assisted activity with the Ministry of Interior has been addressing some of these issues in the regional context. Under this activity, a nationwide provincial population database has been developed for use in training programmes and in the reformulation of population policies and family planning programmes at the provincial and district levels. This database has now been pilot tested in some 20 provinces.

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Population dynamics

21. UNFPA provided assistance to a research project to explore the socio-economic consequences of Thailand's fertility decline at the micro level. This important study found that parents of smaller families could provide better education for their children and accumulate more wealth. Couples who had fewer children not only were more likely to see their children go beyond the compulsory level of education, they also accumulated more consumer goods, had higher rates of savings and lived in better housing than those with more children.

Women, population and development

22. Under the current country programme, UNFPA has been providing assistance through the National Council of Women of Thailand (NCWT) to help rural women, particularly Muslim women in the south, gain access to formal credit markets and to training for development activities. Another similar activity aims at improving the health status of women and children in the north and northeast (the poorest region in Thailand) by strengthening the capabilities of rural women to design and implement small-scale income-generating and community development activities. This activity, an important prototype for integrated, community-based women's projects, has also sought to involve village women's committees fully in promoting the use of comprehensive health services.

Technical cooperation among developing countries (TCDC)

23. Considerable TCDC activities have been under way in Thailand in recent years, and this is expected to expand further. In 1990, some 112 UNFPA-sponsored fellows from countries in Asia and Africa visited Thailand to study a wide variety of activities such as logistics systems for the distribution of contraceptives, family planning programme implementation and management, human resource planning, and demography. During their visits, UNFPA fellows have spent time with personnel from government ministries, universities, NGOs and private sector agencies, both in Bangkok and in the field.

24. The UNFPA field office in Thailand has also used a number of Thai experts from government and academe for activities in other countries, including, for example, providing technical services to the Governments of Myanmar and the Lao People's Democratic Republic under the auspices of several UNFPA activities.

IV. PROPOSED PROGRAMME 1992-1996

25. The proposed UNFPA programme of assistance aims at supporting the Government's efforts in the field of population during the seventh plan period. The May 1991 PRSD mission suggested that it was time for Thailand to consider its longer-term population needs and to ensure that short-term objectives are consistent with long-term objectives. Such an approach requires focusing on the following objectives during the next programming cycle: (a) enhancing the quality of family planning services while maintaining high contraceptive prevalence rates; (b) addressing urbanization problems, especially in the central region; (c) improving the skills of national staff; (d) further integrating women into mainstream development activities by improving education and health services directed at them; and (e) strengthening the Government's efforts to combat the AIDS pandemic through IEC activities.

26. The main themes of the sixth country programme are as follows: (a) improving the quality of family planning services by increasing the choice of methods, developing comprehensive IEC strategies and supporting the trend towards decentralized management, information and training systems; (b) developing innovative

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strategies in addressing population and environment issues, expanding outreach to special geographic areas and groups, and in refining the relationship between population dynamics and population policies; (c) strengthening the operational aspects of TCDC activities; (d) working closely with NGOs and encouraging community involvement in improving the status of women; (e) building self-reliance by encouraging social marketing and family planning programme cost-recovery schemes; and (g) focusing on special areas such as AIDS and reproductive health, and ageing.

27. The following are detailed proposals for UNFPA support for activities in the different areas summarized above.

Maternal and child health and family planning

28. Four strategies account for the success of the National Family Planning Programme: (a) the emphasis on the use of mass communications which helped make the concept of family planning acceptable to the majority of the population; (b) an efficient training programme for staff at all levels including the training of paramedical personnel in the clinical techniques to provide such family planning services as intra-uterine devices (IUDs) and injectables; (c) continuous adoption of ways to increase the outreach and coverage of family planning services in both rural and urban areas; and (d) the selective expansion in recent years of its services into areas of greatest need as defined by low contraceptive prevalence and high fertility. The challenge ahead is to build on the innovative approaches of the past to improve the quality of family planning services, to reorient contraceptive priorities to meet needs of special groups, and to broaden the scope of the target population to include males and adolescents. UNFPA assistance would support the following strategies: (a) enhancing decentralization to improve management, information and training systems; (b) stimulating the role of the private sector; (c) increasing support for NGOs; and (d) developing a comprehensive IEC strategy that addresses emerging issues and the needs of specific target population groups.

29. UNFPA would support the Ministry of Public Health in strengthening the management information system (MIS) for MCH/FP by assisting it in: (a) reviewing the current mechanisms used by health centres to collect information in order to integrate and simplify data collection and utilization; (b) enhancing data collection and analysis in selected districts, especially in the northeast and the south, through, among other things, establishing prototype or model activities aimed at developing a more efficient MIS; and (c) training health centre staff (working in specially designated pilot districts) in data collection and its use, including training in the utilization of relevant software.

30. In order to achieve the Government's objective of broadening the scope of target populations for family planning services, UNFPA would assist the Ministry of Public Health in implementing integrated IEC activities. UNFPA would help strengthen IEC activities in out-patient departments in selected hospitals in order to reach underserved populations with pertinent information on available family planning services. UNFPA support would also be used to facilitate collaboration with other groups working with adolescents and minority ethnic and religious groups.

31. At present, the private sector assumes a secondary role in MCH and family planning. UNFPA would assist the Government, at its request, in enhancing the collaboration of the private sector by motivating professional associations and employers (private pharmacists, medical associations and private companies) to play a bigger role in the provision of family planning services such as facilitating easy access to contraceptives and providing accurate information on modern contraceptive methods. UNFPA would help the Government to map

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out areas of collaboration with NGOs in order to benefit fully from their extensive experience in the use of community-based approaches to provide family planning services.

32. In order to further strengthen research capabilities in the health sector, UNFPA would assist the Government in creating institutional linkages between subdistrict health centres, district hospitals and provincial hospitals to train staff in health systems research and operations research. The training will lead to the development of research projects that are service oriented and undertaken by the field staff in collaboration with and under the supervision of regional and national training institutions. The ultimate goal is to make health systems and operations research integral activities of the health service network in order to enable the network to adapt to the changing health needs of the Thai population.

33. Based on lessons learned in the past, UNFPA would support the efforts of the Ministry of Public Health to strengthen family planning activities focused on specific target groups. These groups would include adolescents, slum populations in selected areas, working women in factories and minority ethnic and religious groups. Special attention would be given to supply condoms in order to help government efforts to combat the AIDS pandemic. To avoid overlap, activities would be coordinated with those of other agencies.

34. An amount of \$2,480,000 is proposed for the MCH/FP area, of which \$600,000 would be used for TCDC activities (see paras. 46-49).

Information, education and communication

35. In the past, the national IEC strategy primarily addressed family planning motivation focusing on the value of birth spacing and the adoption of a two-child family norm. The training curricula for key MCH/FP service providers emphasized skills in motivating acceptors and providing clinical services. Given the relative success of the National Family Planning Programme in achieving its goals, national IEC efforts should be re-oriented to address issues beyond family planning. In addition to assisting the Government to develop an IEC strategy focusing on appropriate family planning counselling services for adolescents and males, slum dwellers, female factory workers and minority ethnic and religious groups, UNFPA would also provide support to pertinent government ministries and NGOs to develop a comprehensive IEC strategy, both at central and regional levels, aimed at: (a) addressing emerging issues of AIDS; (b) improving the status of women; and (c) creating awareness of major national environmental concerns. An amount of \$1,560,000 is proposed for the IEC sector, of which \$500,000 would be sought from other sources, including multi-bilateral sources. An amount of \$200,000 would be used for TCDC activities.

36. AIDS. In 1989, the Government approved a National Programme on the Prevention and Control of AIDS and correspondingly developed a medium-term programme for 1989-1992. As IEC activities provide a useful linkage between family planning and prevention of sexually transmitted diseases, UNFPA would continue to support the Ministry of Public Health and selected NGOs in the efforts to integrate information on AIDS prevention into the counselling services for adolescents and married couples. UNFPA assistance would also be used to develop appropriate IEC materials and activities on AIDS prevention to support research on the demographic implications of AIDS. Since this is an intersectoral area, related activities would be funded from both MCH/FP and IEC resources.

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Data collection and analysis

37. Lack of accurate, up-to-date information on demographic trends remains the greatest shortcoming facing population planning in Thailand. Although the country is well supplied with data relevant to policy formulation (censuses, surveys on the labour force, migration, housing, etc.), surveys are underanalysed and therefore underutilized. Moreover, there are lags in processing and analysing data, and discrepancies remain in the country's vital registration system. The major objectives in this area, therefore, are: (a) to provide effective and close monitoring of demographic change through efforts to improve the vital registration system; (b) to facilitate greater use of underanalysed data for population policy and planning purposes through rapid and effective analysis of surveys; and (c) to respond to the need for a more systematic consideration of Thailand's longer-term population policy. In order to help the Government achieve these objectives, UNFPA would assist the National Statistical Office in its efforts to improve the vital registration system so that it can provide continuous monitoring and would support activities pertinent to rapid and effective analysis of surveys. An amount of \$700,000 is proposed to support activities in this sector, \$500,000 of which has been provided by the Government of Australia through multi-bilateral arrangements.

Population dynamics

38. As requested by the Government and endorsed by the PRSD mission, UNFPA would support research into the demographic aspects of urbanization in Thailand. This would include providing the services of international consultants to help develop strategies for studying the fast-changing patterns of urban growth, the components of this growth, and the factors responsible for it. An important element of the research programme would be the demographic dynamics of the Bangkok metropolitan region. An amount of \$670,000 would be allocated for this sector, of which \$250,000 would be used to support TCDC activities.

Population policy formulation

39. In response to the urgent need for a more systematic consideration of a longer-term population policy, UNFPA would provide support to the National Economic and Social Development Board to assess the population and development goals for the year 2000 and beyond, and would provide technical assistance for workshops and modelling exercises designed to identify optimum population growth trends and ultimate population size for Thailand.

40. Despite rapid social and generational changes, there is a dearth of socio-cultural research to provide an underpinning for developing policies and programmes to address problems in such areas as adolescent sexuality, female-headed households and attitudes towards fertility among minority groups. UNFPA would support the Government in establishing priorities in socio-cultural research relevant to population policies and programmes and in determining priority research areas on the changing Thai family. It would also support the establishment of a family studies research programme within one of the universities in the country.

41. With the aim of raising the analytical and training capabilities of Thai research and training institutions in the field of population, UNFPA would support a review and assessment of existing capabilities by providing the technical services of a team of demographers to assist Thai specialists in this endeavour. The review and assessment would be followed by a workshop at which the resulting report would be analysed and plans of action developed.

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42. An amount of \$790,000 is proposed to support activities in this sector, of which \$150,000 would be used for TCDC activities.

Women, population and development

43. The objective of UNFPA assistance in this sector is to sensitize policy makers and development planners about the important role women play in development in order to integrate women into mainstream population and development activities. This is particularly crucial at this time as policy planners seem largely unaware of the importance of such integration to successful development and thus are unable to translate development policy into effective programmes. This is compounded by the widespread existence of attitudes on gender roles that serve as a barrier to effective mainstreaming of women in development. There is also an urgent need to defuse emotional reactions to gender issues.

44. UNFPA's support would therefore focus on: (a) activities to review needs and gaps in women's development programmes and to design and conduct training courses for planners and help set up programme monitoring and evaluation systems; and (b) institutional support, including staff training, to strengthen the Secretariat of the National Commission on Women's Affairs and women's units in various government departments, as well as support to NGOs to play a role in advocacy and in mobilizing women at the grass-roots level. UNFPA assistance would also be used to improve the quality and scope of gender-based information, providing support for this purpose to, among others, the National Statistical Office and research institutes to conduct policy-oriented research on vulnerable groups of women. The Fund would also help develop pilot activities at the community level integrating such components as training, income-generation, educational and motivational programmes for family planning and family welfare, and IEC for gender sensitization. An amount of \$350,000 is proposed for these activities.

Special programmes

45. Population and the environment. Environmental deterioration is particularly dramatic in the Bangkok metropolitan area, affecting mainly poor, urban-slum dwellers. This is due in large part to the extremely rapid rate of population growth in Bangkok, which is estimated to be growing 80 times faster than the national average. In the rural areas, natural resources are in jeopardy due to unsustainable agricultural practices such as shifting cultivation in some highland areas and commercial logging. In addition, dry, infertile lands in the northeast are partly responsible for driving people to migrate to large urban centres. The relationship between population and the environment -- in particular, the extent to which environmental deterioration is being caused by population growth or by industrialization -- has not been systematically addressed by the Government. UNFPA assistance, initiated during this cycle, would be used to study this complex relationship in order to help the Government generate data for policy formulation and to develop guidelines for preventative measures. Pilot programmes would be initiated with the Thai Government and NGOs in this area. A total amount of \$250,000 is proposed for this sector.

Thailand's role in technical cooperation

46. Thailand's rapid economic development and successful fertility limitation make it particularly suitable for TCDC activities. UNFPA therefore proposes to support the technical cooperation initiatives taken by the Department of Technical and Economic Cooperation and other government agencies active in the population field by providing technical assistance for strengthening institutions which are considered to be appropriate centres for providing technical exchange and assistance to other countries in the region. UNFPA would support the training

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of staff and strengthening of curricula so that such institutions can provide practical training for medical and paramedical personnel from other countries either as direct service providers or as trainers. UNFPA would also provide assistance to refine and adapt teaching modules and supplementary materials to meet the specific needs of the trainees.

47. As IEC materials in support of family planning are abundant, UNFPA would support the translation/adaptation of such materials for use in TCDC activities. UNFPA would also support the establishment of a simplified management information system (MIS) to facilitate evaluation of the progress of the technical cooperation programme as well as to provide necessary information for future planning.

48. UNFPA would draw upon the extensive experience of NGOs in Thailand, using them to supplement government institutions in providing training and devising alternative strategies to meet the specific needs of participating countries. Special training programmes and study tours would be developed both in Thailand and in other countries participating in TCDC activities to enable such countries to share the Thai experience in the field of population policies and programmes.

49. TCDC activities would thus be an integral component of various sectors of the programme. An amount of \$1.2 million is proposed to be divided as follows: MCH/FP, \$600,000; IEC, \$200,000; population dynamics, \$250,000; and population policy formulation, \$150,000.

Programme reserve

50. A reserve of \$200,000 would be set aside to meet unforeseen needs that may arise during the programme period.

Programme coordination

51. The Department of Technical and Economic Cooperation of the Ministry of Foreign Relations is responsible for coordinating all external assistance in Thailand. The proposed sixth country programme coincides with Thailand's 1992-1996 national development plan and UNDP's fifth programme cycle for the country. As with the current programme, UNFPA would consult and coordinate the development and implementation of programme and project activities with other donor agencies. Regular consultation meetings and contacts would be maintained with UNFPA's partners in the Joint Consultative Group on Policy and other United Nations agencies such as the International Labour Organisation, the Food and Agriculture Organization of the United Nations and the United Nations Educational, Scientific and Cultural Organization and with NGOs.

Programme monitoring, evaluation and management

52. All the activities in the programme would be monitored and evaluated in accordance with standard UNFPA guidelines and would have built-in monitoring and evaluation mechanisms. A mid-programme review would be carried out in 1994 and independent evaluations would be part of all larger and innovative projects. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

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Financial summary

53. As indicated in paragraph 1, UNFPA would provide assistance in the amount of \$7 million over the five-year period 1992-1996, of which \$6 million would be programmed from UNFPA's regular resources. The amount of \$500,000 has been provided by the Government of Australia through a multi-bilateral arrangement for the biennium 1992-1993. UNFPA would seek to provide the balance of \$500,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table depicts how the programme would accommodate these two levels of funding:

	<u>UNFPA regular resources</u> \$	<u>Other resources</u> \$	<u>Total</u> \$
Maternal and child health and family planning	2,480,000	-	2,480,000
Information, education and communication	1,060,000	500,000	1,560,000
Data collection and analysis	200,000	500,000	700,000
Population dynamics	670,000	-	670,000
Population policy formulation	790,000	-	790,000
Women, population and development	350,000	-	350,000
Special programmes	250,000	-	250,000
Programme reserve	<u>200,000</u>	<u>-</u>	<u>200,000</u>
TOTAL	6,000,000	1,000,000	7,000,000

V. RECOMMENDATION

54. The Executive Director recommends that the Governing Council:

- (a) Approve the programme for Thailand in the amount of \$7 million for the five-year period 1992-1996;
- (b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of \$6 million from UNFPA's regular resources, over the period 1992-1996;

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(c) Further authorize the Executive Director to seek to provide the balance of \$1 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Thailand and with the executing agencies.
